

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
55		8				
56						
57	1					
58		1				
59		1				
60	1					
61		1				
62		1				
63						
64						
65						
66						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	49	↓		↓		↓
TOTAL CLAIMS	60					